

Case Number:	CM15-0166082		
Date Assigned:	09/11/2015	Date of Injury:	05/11/2001
Decision Date:	10/08/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/24/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old female, who sustained an industrial injury on May 11, 2001. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having degeneration of cervical intervertebral disc, cervical disc displacement, and radiculitis. Medical records (March 26, 2015 to June 16, 2015) indicate continued neck and right shoulder pain. The neck radiated into the right upper extremity causing weakness, heaviness, tingling, mild decreased grasping and no hand manipulations. Her pain was rated 8 out of 10. The physical exam (March 26, 2015 to June 16, 2015) reveals the right shoulder range of motion was forward flexion active = 140 degrees and passive = 150 with full internal and external rotation. Grip strength was 5 out of 5 and stability tests were negative. There was asymmetry of the neck and shoulders with left tilting of the head and neck, right trapezius tenderness on axial compression testing, tenderness to palpation in the trapezial area, and continued restriction of the cervical spine range of motion: forward flexion and backward extension = 45 degrees, left and right tilt = 30 degrees, and left and right rotation = 60 degrees. The right biceps reflex = 1+. There was decreased sensation over the C5 (cervical 5) and C6 (cervical 6) dermatomes of the upper extremity. Motor strength in all upper extremity groups = 5 out of 5. On November 6, 2013, a urine drug screen confirmed findings of Codeine, Hydrocodone, and Morphine. On June 16, 2015, a urine drug screen revealed findings that were inconsistent with prescribed medications. Treatment has included ice, heat, rest, physical therapy, and medications including pain (Norco since at least March 2015), muscle relaxant (tizanidine since at least March 2015), and non-steroidal anti-

inflammatory. The requested treatments included urine drug test x 2 with specimen collection & send to lab. On July 28, 2015, the original utilization review non-certified approved a request for urine drug test x 2 with specimen collection & send to lab.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Urine drug test x 2 with specimen collection & send to lab: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids. The patient was on opioids at the time of request and therefore the request is medically warranted and therefore is medically necessary.